TRANSMITTAL OF UTILITY APPLICATION

05-01		+
Attorney Docket No.	24641-1040B	
irst named inventor	сновотоу, м.	
xpress mail label #	EL68575785US	.6 .6
Date of mailing	October 3, 2001	

UNDER 37					_ 50 E
C.F.R. §1.53	Date of ma	ailing		October 3, 2001	
Application Elements		Acc	ompany	ring Application P	apers
1. [X] Fee Transmittal Form		6. [X]	Copy of application	assignment from pric	or
[X] Specification containing <u>23</u> pages (including claims and Abstract), ar <u>1</u> cover sheet.	nd		parent a	Small Entity Stateme pplication ary Amendment	nt from
a. Title: LAYERED ENDOVASCULA	R GRAFT	9. [X] Return Receipt Postcard			
b. Number of claims: 6					
3. [X] 3 sheets of drawings with 8 Figures.					
4. [X] Copy of Declaration from parent a	pplication.				
5. [ ] Sequence Listing					
[ ] Paper copy (identical to computer co	ору)				
[] Computer readable copy					
[] Verified statement					
		SIG	NATURE	OF ATTORNEY/A	SENT
		HELLEF	R EHRMA	N WHITE & McAULIF	FE LLP
		40	34		
			n B. And ration Nu	erson umber: 41,585	

[X] This application is a continuation of allowed U.S. application Serial No. 09/200,317, filed November 25, 1998, which claims benefit of priority under 35 U.S.C. §119(e) to U.S. provisional application Serial No. 60/066,301, filed November 25, 1997.

CORRESPONDENCE ADDRESS			
NAME	William B. Anderson Registration No. 41,585 Heller Ehrman White & McAuliffe LLP		
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## FEE TRANSMIT ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53

Attorney Docket No.	24641-1040B		
First named inventor	сновотоу, м		
Express mail label #	EL68575785US		
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## FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	\$ 740.00
b)	Independent Claims $1 - 3 = 0 \times $84.00$	\$ 0.00
c)	Total Claims 5 - 20 = 0 x \$ 18.00	\$ 0.00
d)	Fee for Multiple Dependent Claims - \$280.00	\$ 0.00
	TOTAL PILING PER	\$ 740 00

[X] Status as Small Entity is claimed, reducing Fee by one-half to

\$ 370.00

- [X] A check in the amount of \$370.00 to cover the fee for filing the application.
- [] Charge \$ .00 to Deposit Account No. 50-1213.
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

	CORRESPONDENCE ADDRESS				
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Submitted by:					
Typed or printed name	William B. Anderson		Reg. Number	41,585	
Signature	WBG han	Date	10-3-01	Deposit Account	50-1213